

0380288

2MM1192 MB # 3022

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest	3. Request for Warrant	Juvenile
					2. N.T.A.	4. Request for Capias	<input checked="" type="checkbox"/> <input type="checkbox"/>
ADMINISTRATIVE	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)				
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06-21-035115				
ADMINISTRATIVE	Charge Type:	Weapon Seized / Type			Multiple Clearance Indicator		
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	<input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			<input type="checkbox"/> N <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
ADMINISTRATIVE	Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			
	21644 S State Road 7 Boca Raton FL 33428			7507 SIERRA DR EAST BOCA RATON FL 33433			
ADMINISTRATIVE	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
	02/13/2021	1015					
ADMINISTRATIVE	Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)			
	COLAVECCHIO, CATHERINE						
ADMINISTRATIVE	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color
	W - White I - American Indian B - Black O - Oriental/Asian	W	F	05/15/1971	5'4	130	green
ADMINISTRATIVE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status	Religion	Indication of Alcohol Influence Drug Influence	
	none			single	catholic	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
DEFENDANT	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone
	7507 SIERRA DR EAST BOCA RATON FL 33433						(561) 355-7816
DEFENDANT	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone
	7507 SIERRA DR EAST BOCA RATON FL 33433						
DEFENDANT	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
DEFENDANT	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)
	C412120716750, FL						France
CO-DEF	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
CO-DEF	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
CO-DEF	Parent Name (Last)			(First)	(Middle)	Residence Phone	
CO-DEF	Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone
JUVENILE	Notified by: (Name)			Date	Time	Juvenile Disposition	
						<input type="checkbox"/> 1. Handled/processed within Dept. and Released. <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 3. Incarcerated	
JUVENILE	Released To: (Name)			Relationship		Date	Time
JUVENILE	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the juvenile court clerk (Phone 355-2526) informed of any change of address.			School Attended		Grade	
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						
JUVENILE	Property Crime?			Description of Property		Value of Property	
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
CHARGE	Drug Activity	S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type
	N. N/A P. Possess	B. Buy T. Traffic	D. Deliver E. Use				N. N/A A. Amphetamine
CHARGE	Charge Description			Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
	Battery (domestic)			2	<input type="checkbox"/> Y <input type="checkbox"/> N	784.03(1a1)	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
	N	N		21-035115			NONE XZ
CHARGE	Charge Description			Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
					<input type="checkbox"/> Y <input type="checkbox"/> N		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
CHARGE	Charge Description			Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
					<input type="checkbox"/> Y <input type="checkbox"/> N		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
NOTICE TO APPEAR	Location (Court, Room Number, Address)						
NOTICE TO APPEAR	Court Date and Time						
	Month	Day	Year	Time	AM		
NOTICE TO APPEAR	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						
	02/13/2021						
ADMIN	Signature of Defendant (or Juvenile and Parent /Custodian)			Date Signed			
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
				X			
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print)		I.D. #	
				D/S A. Leal		30105	
ADMIN	Miles Driven			ID #	Pouch #	Transporting Officer	
						A. Leal 30105	
ADMIN	Agency			Agency		Witness here if subject signed with an -X"	
	PBSO			PBSO		1 OF 1	

VICTIM NOTIFICATION REQUIRED

SCANNED FEB 14 2021

FEB 14 2021 6:00 PM
PALM BEACH COUNTY, FL
CLERK OF COURT

OBTs Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 21-035115					
	Charge Type: Check as many as apply.		Special Notes:					
CHARGES	Name (Last, First, Middle) COLAVECCHIO, CATHERINE		Alias	Race W	Sex F	Date of Birth 05/15/1971		
	Charge Description Battery (domestic)		784.03(1a1)					
VICTIM	Victim's Name (Last, First, Middle) Rodriguez, Jake		Race W	Sex M	Date of Birth 10/10/1999			
	Local Address (Street, Apt. Number) 7507 SIERRA DR EAST BOCA RATON FL 33433		(City)	(State)	(zip)	Phone (954) 519-6456	Address Source Florida DL	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>13</u> day of <u>February</u> 20<u>21</u> at <u>0820</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On February 13, 2021 at approximately 0817 hours, I responded to 7507 Sierra Drive E, located in unincorporated Boca Raton, Palm Beach County, FL, in reference to a report of a domestic dispute in progress. Upon arrival, I observed the defendant, Catherine Colavecchio, being escorted into the Palm Beach County Fire Rescue #55 (run # 21-017673) rescue rig from the driveway. I observed a laceration about 1.5 to 2 inches long above her right eyebrow, which was still bleeding when I observed it.</p> <p>She was immediately transported to West Boca Medical Center for further treatment. After Catherine was transported, I was able to obtain statements from victim #1, Amanda Rodriguez, and victim #2, Jake Rodriguez. Both completed sworn statements in reference to the incident. All parties also live together as a family unit.</p> <p>Amanda stated that Catherine, who is her live-in girlfriend, had been drinking alcoholic beverages all through the night and was still drunk until the morning of the incident. Amanda had asked Catherine to go back to bed to get some sleep and then advised Catherine went "crazy". Catherine allegedly began yelling, screaming, and throwing objects around the residence. She then approached Amanda and began to push her, causing redness to her upper chest area and lower front portion of her neck. Amanda also stated she was intentionally, unlawfully, maliciously and forcefully struck by Catherine with a closed and clenched fist against her will on the upper right portion of her forehead, which also caused redness.</p> <p>After the physical altercation between Amanda and Catherine, Amanda's son, Jake, interjected himself to defend Amanda. Jake stated he began yelling at Catherine, telling her that she needed to find a better way to communicate with Amanda. At this point, Catherine allegedly got into Jake's face and began yelling at him as well, asking him what he was going to do about it. She then unlawfully, intentionally, and maliciously took hold of him by the hoodie he was wearing at the time against his will, proceeded to shake him around and would not let go. Jake then said she struck him in the face approximately one or two times as he told her to get off of him. Jake then advised he managed to get Catherine into a headlock with his right arm, while Catherine proceeded to elbow him with her left arm in the torso area. Jake then was able to "slam" Catherine on the floor while she clung to his hoodie and continued to try and repeatedly punch him. Catherine then sustained to close fist strikes from Jake, which caused the 1.5 to 2 inch laceration. Jake stated he delivered the strike in self-defense since Catherine was attempting to strike him repeatedly and would not let him go. All injuries were photographed and uploaded to the domestic violence database.</p> <p>Based on the sworn statements provided to and on my own investigation, probable cause existed to charge and arrest Catherine Colavecchio with two counts of domestic battery, pursuant to FSS 784.03(1a1). She was medically discharged from West Boca Medical Center, handcuffed behind the back (checked for proper fit and double locked), and transported to the county jail.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S A. Leal					
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13</u> day of <u>February</u> 20 <u>21</u> by <u>D/S A. Leal</u>		(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)		<u>known LEO</u>			
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		<u>35620</u>						
PAGE 1 OF 1								

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: COLAVECCHIO, CATHERINE **DOB:** 05 / 15 / 1971 **Case #:** 21-035115

Victim: Rodriguez, Jake **DOB:** 10 / 10 / 99 **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No **Victim** Yes No **Defendant** Yes No

911 Call: Yes No **Caller:** _____

Weapon Used: Yes No **Type:** hands

Witness: Yes No **Name:** _____

Victim Pregnant: Yes No **If yes,** _____ weeks _____ months

Injuries: Yes No **Description:** forehead laceration, abrasions

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** west boca medical center **Physician:** _____

Are Children Living in Home? Yes No **DCF Notified?** Yes No

Name: _____ **DOB:** / /

Name: _____ **DOB:** / /

Name: _____ **DOB:** / /

Injunction Yes No **Case #:** _____

No Contact Order Yes No **Case #:** _____

Alcohol or Drugs Yes No **Unknown**

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No **If yes, written** recorded oral

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No **If yes, written** recorded oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No **If yes, name:** _____ **phone** () _____ - _____

Observations of Victim (Physical & Emotional): _____

Upset **Crying** **Fearful** **Hysterical** **Afraid** **Calm** **Nervous**

Complained of pain **Other** _____

Victim Contact Information:

Local Address: 7507 SIERRA DR EAST BOCA RATON FL 33433

Phone: **Home** () _____ - _____ **Work** () _____ - _____ **Cell** (954) 519 - 6456

Employer: _____

Name of Relative: _____ **Phone** () _____ - _____

Address: _____

SCANNED
FEB 14 2021

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21-035115 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: COLAVECCHIO, CATHERINE
D.O.B. 05/15/1971 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Rodriguez, Jake D.O.B. 10/10/1999 Race: W Sex: M
Address: 7507 Sierra Dr E
City: boca raton State: n Zip: 33433
Home #- 954 519-6456 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

Waiver: I choose not to be notified when the arrestee is released from custody.

Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S A. Leal I.D.# 30105 Date: 02/13/2021

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED
FEB 14 2021



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021003741	Date: 2/14/21
	Specialist Name/ID: A. Pinkney/7796